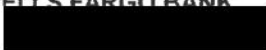





RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH JANUARY | YEAR 2022 |
|--|--|--|---|-----------------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 1/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 1,483,607.50 | | |
| | DEPOSITS IN TRANSIT | \$685.00 | | | |
| | OUTSTANDING CHECKS | \$0 | | | |
| | | TOTAL | \$1,482,922.50 | | |
| RECEIPTS THIS MONTH | | | | | |
| 1/14/22 | PARTNERS FOR A SAFERAMERICA, INC. | \$250,000.00 | | | |
| 1/21/22 | PARTNERS FOR A SAFERAMERICA, INC. | \$133,888.00 | | | |
| 1/10/22 | INTEREST EARNED | \$22.11 | | | |
| | | TOTAL | \$383,910.11 | | |
| | | BEGINNING BALANCE PLUS RECEIPTS | | \$1,866,832.61 | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 1/5/22 | Check #2051 RKM COMMUNICATIONS IWF 22-001 | \$1721.25 | | | |
| 1/21/22 | Check #2052 DIRECTV IWF 22-002 | \$328.24 | | | |
| 1/21/22 | Check #2053 GUARDIAN RFID IWF 22-003 | \$12500.00 | | | |
| 1/25/22 | Check #2054 RKM COMMUNICATIONS IWF22-004 | \$1493.78 | | | |
| 1/25/22 | Check #2055 HOME DEPOT (GUILLERMO CAMARENA) | \$1079.35 | | | |
| | | TOTAL | \$ 17,122.62 | | |
| | | | | \$1,849,709.99 | |
| ENDING BALANCE | | | | | |
| 1/31/21 | BANK BALANCE | | \$1,865,111.36 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$15,401.37 | | | |
| | | | | TOTAL | |
| | | | | \$1,849,709.99 | |
| DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | DATE 2/15/22 | AUDIT COMMITTEE JEFF WONG N2799 <i>J.W.</i> JERRY LEE N4522 <i>JL</i> | | PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION  |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|--|--|---|--|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
| 12/20/2021 | | Emergency call out camera system not recording | | FOF 22-001 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS | | <input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain): | |
| | | | | Serial No. | |
| | | | | 2723 | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| On [REDACTED] an emergency callout was made to RKM Communications for repair to CCTV system not recording video, display of live feed only. First technician came and rebooted system with out results a second technician was logged remotely into server where multiple problems in Verint system configuration. Corrections were made to configuration errors, power cord replaced, and readjusted time settings to synchronize with PDO CCTV viewer. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| The CCTV system is essential in providing effective security to Valley Jail. [REDACTED] | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 1721.25 | | 1721.25 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Estimate: | |
| 1 R.K.M Communications | | Robert Martin | | 1721.25 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: | |
| | | | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: [Signature] | | Serial No.: 26288 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: GARY NEWTON | | Serial No.: 42070 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Sgt. B. Valle | | Serial No.: 35110 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$40,000 Commanding Officer, SSC: | | Serial No.: Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$50,000 Commanding Officer, ASB: | | Serial No.: Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Signature: | | Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|---|--|--|---|-------------------|
| DATE SUBMITTED 01/14/22 | | ITEM(s) REQUESTED: DIRECTV | | CONTROL NUMBER IWF 22-002 | |
| Submitted by: D.O. Carter | | Serial No. N3754 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] Serial No. 32705 | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> MJS | <input checked="" type="checkbox"/> AREAS | Admin Section Review Signature: [Redacted] | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> 77TH | <input type="checkbox"/> ALL | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> VJS | <input type="checkbox"/> OTHER (explain below) | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV Invoice #01883507X220102, monthly payment for TV service. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15. | | | | | |
| Reason City resources were not used for expenditure: Funds are allocated through the use of the inmate Welfare Fund for the benefit of the Inmates. | | | | | |
| Estimated Cost: \$328.24 | | Actual Cost: \$328.24 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | DIRECTV | Customer Service | 888-388-4249 | \$328.24 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: DIRECTV | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: CAPTAIN QUANDE HANDEE Member Name: | | [Redacted Signature] | Serial No.: 26298 | Date: 01-18-22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | GARY NEWTON Member Name: | | | Serial No.: 47010 | Date: 01-14-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Sgt 11 B. Valle Member Name: | | | Serial No.: 35110 | Date: 01-24-22 |
| Required if Over \$40,000 | | Commanding Officer, SSC: | | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required if Over \$50,000 | | Commanding Officer, ASE: | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | Signature: | Serial No.: | Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|--|---|---|-----------------------|
| DATE SUBMITTED 1/14/22 | | ITEM(S) REQUESTED: GUARDIAN RENEWAL FEE | | CONTROL NUMBER IWF-22-003 | |
| Submitted by: SDO BRYANT | | Serial No. N4517 | | Assignment: CSD | |
| Type of Expenditure: | | Facility | | Station OIC Approval Signature: [Signature] | |
| <input checked="" type="checkbox"/> | REOCCURRING | MJS | AREAS | Serial No. 82061 | |
| <input type="checkbox"/> | NEW | 77TH | <input checked="" type="checkbox"/> ALL | Admin Section Review Signature: [Signature] | |
| <input type="checkbox"/> | OTHER (explain below) | VJS | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Real time inmate management hardware/software. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management capabilities for CSD. Installation fulfills CSD modernization commitment(s). | | | | | |
| Reason City resources were not used for expenditure: No city funds are allocated. Guardian is considered a sole source vendor based on devices, features, software, and support. | | | | | |
| Estimated Cost: \$12,500.00 | | Actual Cost: \$12,500.00 | | City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: Estimate: | |
| 1 | GUARDIAN RFID | PAUL BAZE | | \$12,500.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: GUARDIAN RFID | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: [Signature] | | Serial No.: 26287 | | Date: 01-18-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: GARY NEWTON | | Serial No.: 47010 | | Date: 01-14-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt 11 B. Valle | | Serial No.: 35110 | | Date: 01-24-22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature: | | Serial No.: | | Date: |




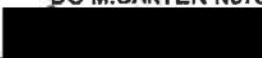

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|--|--|--|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 01/12/2022 | | New replacement camera to Cell 216 front | | JWF 22-004 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section/DIC Approval Signature: | |
| <input type="checkbox"/> REOC CURRING | | <input type="checkbox"/> MJS | | <input type="checkbox"/> AREAS | |
| <input checked="" type="checkbox"/> NEW | | <input type="checkbox"/> 77TH | | <input type="checkbox"/> ALL | |
| <input type="checkbox"/> OTHER (explain below) | | <input checked="" type="checkbox"/> VJS | | <input type="checkbox"/> OTHER (explain): | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| On [REDACTED] camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 1493.78 | | 1493.78 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 R.K.M Communications | | Robert Martin | | 310-540-9704 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | | CAPT. ORLANDO CHANDLER | | 36258 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | LT J. Hernandez | | 3276 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | Sgt U.B. Valle | | 35110 | |
| <input type="checkbox"/> Required if Over \$40,000 | | Commanding Officer, ASB: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|---|----------------------------------|-------------------------------------|--------------------------|---|------------------|---|------------|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 1/18/2022 | | Home Depot | | | | IWF- 22-005 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | [REDACTED] | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Multiple needed tools for facility. Please see attachment of items (19) with prices and descriptions. TOTAL \$1,079.35 | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| Tools are needed for installation, repairs and maintenance of various items that are installed for the benefit of the arrestees here at the Detention Center. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | \$1,079.35 | | Actual Cost: | | \$1,079.35 | |
| City Approved Vendor: | | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | Home Depot | Customer Service | | 1(800)466-3337 | | \$1,079.35 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | Home Depot | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Signature: | | Serial No.: | | Date: |
| | ORLANDO CHANDLER | | [REDACTED] | | 26288 | | 01/24/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Signature: | | Serial No.: | | Date: |
| | GARY NEWTON | | [REDACTED] | | 47010 | | 01-20-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Signature: | | Serial No.: | | Date: |
| | Sgt 11 B. Valle | | [REDACTED] | | 35110 | | 01-24-22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$40,000 | | Commanding Officer, SSG: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | Signature: | | Serial No.: | | Date: |




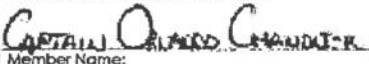
RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH FEBRUARY | YEAR 2022 |
|---|--|-------------------------------------|---|-------------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 2/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 1,865,111.36 | | |
| | DEPOSITS IN TRANSIT | \$ | | | |
| | OUTSTANDING CHECKS | \$15,401.37 | | | |
| | TOTAL | | \$1,849,709.99 | | |
| RECEIPTS THIS MONTH | | | | | |
| 2/15/22 | PARTNERS FOR A SAFERAMERICA, INC. | \$27,300.00 | | | |
| 2/08/22 | INTEREST EARNED | \$36.09 | | | |
| | TOTAL | | \$27,336.09 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$1,877,046.08 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 2/4/22 | Check #2056 GUARDIAN RFID IWF 22-006 | \$413.00 | | | |
| 2/1/22 | Check #2057 ASSI SECURITY IWF 22-007 | \$1525.00 | | | |
| 2/8/22 | Check #2058 WALMART (DAVID CARRILLO) IWF22-009 | \$44.14 | | | |
| 2/8/22 | Check #2059 DIRECTV - IWF 22-010 | \$328.24 | | | |
| 2/9/22 | Check #2060 RKM COMMUNICATION IWF 22-008 | \$1027.13 | | | |
| 2/9/22 | Check #2061 1800 WHEELCHAIR.COM IWF 22-011 | \$3510.00 | | | |
| | TOTAL | | \$ 6,847.51 | | |
| | | | \$1,870,198.57 | | |
| ENDING BALANCE | | | | | |
| 2/28/22 | BANK BALANCE | | \$1,870,198.57 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$0 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$1,870,198.57 | | |
| DIVISION COMMANDER | | DATE | AUDIT COMMITTEE | | PREPARED BY |
|  | | 3/8/22 | JEFF WONG N2799  | | DO M.CARTER N3754  |
| ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | | JERRY LEE N552  | | TELEPHONE EXTENSION (213) 356-3460 |

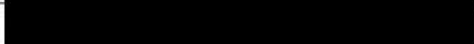
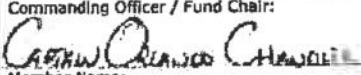
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|--|----------------------|---|-----------------------|
| DATE SUBMITTED 1/28/2022 | | ITEM(s) REQUESTED: Guardian RFID | | CONTROL NUMBER IWF-22-006 | |
| Submitted by: D.O. Carrillo | | Serial No. N5732 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] Serial No. [Redacted] | |
| <input type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain below) |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Guardian RFID quote #00004945, 4 Guardian Spartans (Device [Redacted]) sent for evaluation and repair to Guardian Support Services. Quote is for 3 battery covers, 4 batteries, and 4 hand straps not covered by warranty. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): Spartan Devices are used to conduct Title 15 checks and keep track of inmate movement throughout the jail. | | | | | |
| Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates. | | | | | |
| Estimated Cost: \$413.00 | | Actual Cost: \$413.00 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | Guardian RFID | Support Services | 866-382-6339 | \$413.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: Guardian RFID | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER | | [Redacted Signature] | Serial No.: 26288 | Date: 2/2/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: GARY NGUYEN | | | Serial No.: 47010 | Date: 2/3/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt H O. Valle | | | Serial No.: 35110 | Date: 2/1/22 |
| Required if Over \$40,000 | | Commanding Officer, ASB: | | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|---|--|--|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 2/1/22 | | Camera Replacement at Pacific Jail | | INF 29 - 107 | |
| Submitted by: | | Serial No. | | Assignment: | |
| Allen Hayden | | N4461 | | 77th RJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOCCURRING | | <input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS | |  | |
| <input checked="" type="checkbox"/> NEW | | <input type="checkbox"/> 77TH <input type="checkbox"/> ALL | | Admin Section Review Signature: | |
| <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): | | Pacific Jail | |
| Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Parts and labor for service calls on 11/1/2021 and on 12/23/2021 to install a replacement verint camera in Cell  ASSI Work Order #47483 and Invoice #SD16872 attached. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This Pacific Jail camera is necessary to maintain and record continual observation of cell  activity and to provide a safe and secure environment while arrestees are in our custody. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$1,525.00 | | \$1,525.00 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Estimate: | |
| 1 ASSI | | Emma Gonzazlez | | \$1,525.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | Reason Selected: | | | |
| ASSI | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | |  | | 26288 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | GARY NEWTON | | 47818 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | Sgt B. Valle | | 35110 | |
| <input type="checkbox"/> Required if Over \$40,000 | | Commanding Officer, SSG: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| | | Signature: | | Date: | |
| | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|---|---|------------------|--|----------|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 2/01/2022 | | White Shoe Polish | | IWF-22-009 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Carrillo | | N5732 | | MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS |  | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | OTHER (explain): | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| KIWI white shoe polish 2.5 oz. (10 bottles @ 3.46 each) | | | | | |
| Total: \$44.14 | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| Shoe polish is needed to tag/number arrestee transport vehicles. These vehicles are used for the transfer of arrestees to Custody Services Division, where they will be housed in housing units per Title 15. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$44.14 | | \$44.14 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | Walmart | Customer Service | 1 (800) 925-6278 | \$44.14 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | Reason Selected: | | | |
| Walmart | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Serial No.: | | Date: |
| |  | | 26288 | | 2-7-22 |
| | Member Name: | | Serial No.: | | Date: |
| | GARY NEWTON | | 47010 | | 02-08-22 |
| Member Name: | | Serial No.: | | Date: | |
| Sgt U B Valle | | 35110 | | 2-7-22 | |
| Commanding Officer, ASB: | | Serial No.: | | Date: | |
| Signature: | | Serial No.: | | Date: | |
| Signature: | | Serial No.: | | Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|---|--|------------------------------|---|--|
| DATE SUBMITTED 2/07/2022 | | ITEM(S) REQUESTED: DirecTV | | CONTROL NUMBER IWF- 20-010 | |
| Submitted by: D.O. Camarena | | Serial No. N4206 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] Serial No. 32765 | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | OTHER (explain): | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV Invoice # 018835073X220202, monthly payment for TV service. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15. | | | | | |
| Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates. | | | | | |
| Estimated Cost: \$328.24 | | Actual Cost: \$328.24 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | DirecTV | Customer Service | 888-388-4249 | \$328.24 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: DirecTV | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: Captain Orlando Camarena | | Signature: [Redacted] | | Serial No.: 26288 Date: 2-7-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: GARY NEWTON | | Signature: [Redacted] | | Serial No.: 47010 Date: 02-08-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt. B. Valle | | Signature: [Redacted] | | Serial No.: 35110 Date: 2-7-22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: Date: |

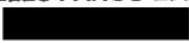





INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|---|--|--|--|----------------------|
| DATE SUBMITTED 11/29/2021 | | ITEM(S) REQUESTED: Inside and outside CCTV camera, cabling rerouted to Jail server. | | CONTROL NUMBER <i>IWF 22-008</i> | |
| Submitted by: D.O. Marie Graham | | Serial No. N3073 | | Assignment: CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [REDACTED] | |
| <input type="checkbox"/> | REDCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input checked="" type="checkbox"/> | VJS | <input type="checkbox"/> | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): The coaxial cables for these cameras were found to be disconnected. [REDACTED] [REDACTED] [REDACTED] RKM was contacted to install new CAT 6 Data cabling. [REDACTED] [REDACTED] These cameras view the [REDACTED] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): These cameras are essential in assisting in monitoring the inside and outside of the Sally Port gate and the Jail Sally Port Parking Area. The camera is necessary to help identify [REDACTED] | | | | | |
| Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: 1027.13 | | Actual Cost: 1027.13 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Estimate: | |
| 1 | R.K.M Communications | Robert Martin | | 1027.13 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: R.K.M. Communications | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: <i>Captain Charles Harker</i> Member Name: | | [REDACTED] | | Serial No.: 26288 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | <i>GARY NELSON</i> Member Name: | | | | Serial No.: 47010 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | <i>Sgt H B. Valle</i> Member Name: | | | | Serial No.: 35110 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, S.S.: | | Signature: | | Serial No.: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, A.S.: | | Signature: | | Serial No.: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|---|-----------------------------|---|--------------------------|
| DATE SUBMITTED 02/08/22 | | ITEM(s) REQUESTED: Wheelchairs/Canes/Crutches | | CONTROL NUMBER I-WF 22-011 | |
| Submitted by: Vu | | Serial No. N2714 | | Assignment: MDC | |
| Type of Expenditure: | | Facility | | Section Of Approval Signature: [Redacted] Serial No. 32765 | |
| <input type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Drive adjustable height offset handle cane with gel grip, Drive knock down universal aluminum crutches and Drive steel transport wheelchairs. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| Wheelchairs, crutches and canes used for assisting inmates with mobility limitations while detained at LAPD Metropolitan Detention Center. Also, these items are utilized during special transportation for court and hospitalization visit. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Funds are allocated through the use of The Inmate Welfare Fund for the benefit to the inmates. | | | | | |
| Estimated Cost: | | \$ 3,510.00 | | Actual Cost: \$ 3,510.00 | |
| | | | | City Approved Vendor: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | 1800Wheelchairs.com | Customer service | (800) 320-7140 | \$ 3,510.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | 1800Wheelchairs.com | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: CARLOS ORLANDO CHANDLER | | [Redacted Signature] | Serial No.: 26288 | Date: 2/9/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: GARY NEWTON | | | Serial No.: 47010 | Date: 2/9/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt H B. Valle | | | Serial No.: 35110 | Date: 2/8/22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$50,000 Commanding Officer, ASB: | | Signature: | Serial No.: | Date: |

RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH MARCH | YEAR 2022 |
|--|--|-------------------------------------|---|----------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 3/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 1,870,198.57 | | |
| | <u>DEPOSITS IN TRANSIT</u> | \$ | | | |
| | <u>OUTSTANDING CHECKS</u> | \$ | | | |
| | TOTAL | | \$ 1,870,198.57 | | |
| RECEIPTS THIS MONTH | | | | | |
| 3/08/22 | INTEREST EARNED | \$20.27 | | | |
| | TOTAL | | \$20.27 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$1,870,218.84 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 3/9/22 | Check #2062 HOME DEPOT (DAVID CARILLO) IWF 22-012 | \$45.58 | | | |
| 3/2/22 | Check #2063 EXTREME SAFETY IWF 22-013 | \$4,065.00 | | | |
| 3/17/22 | Check #2064 DIRECTV IWF 22-014 | \$321.99 | | | |
| 3/30/22 | Check #2065 LA DAILY NEWS IWF 22-015 | \$3219.77 | | | |
| | TOTAL | | \$7,652.34 | | |
| | | | \$1,862,566.50 | | |
| ENDING BALANCE | | | | | |
| 3/31/22 | BANK BALANCE | | \$1,866,108.26 | | |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | | | |
| | <u>OUTSTANDING CHECKS</u> | \$3541.76 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$1,862,566.50 | | |
| DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | DATE 4/5/22 | AUDIT COMMITTEE JEFF WONG N2799   JERRY LEE N4522 | | PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION  |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
| 02/23/22 | | Home Depot | | 22-012 | |
| Submitted by: | | Serial No.: | | Assignment: | |
| J. Price | | N2704 | | MDC | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| REOCCURRING | | MJS | | [Redacted] | |
| NEW | | 77TH | | Admin Section Review Signature: | |
| OTHER (explain below) | | VJS | | OTHER (explain): | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Rust-Oleum Stops Rust 12 oz.(6 pack) of orange paint cans. Everbilt 1/8 in x 30 feet Vinyl Coated Steel Wire Rope Kit. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| Purchased items will be used to identify and secure portable arrestees chair for field jail operations. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Funds allocated through the use of The Inmate welfare Fund for the benefit to the inmates. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$45.58 | | \$45.58 | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 Home Depot | | Customer service | | [Redacted] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | Home Depot | | Reason Selected: | |
| | | | | <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, Fund Chair: | | Serial No.: | |
| | | [Redacted] | | 26284 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | Hernandez Joe | | 32705 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | S-1 H B. Valle | | 35160 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASG: | | Serial No.: | |
| | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: | |
| | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|--|--|---|---|
| DATE SUBMITTED 2/22/2022 | | ITEM(S) REQUESTED: FLOW TEST SCBAs | | CONTROL NUMBER IFWF 22-013 | |
| Submitted by: Jacson | | Serial No. N3066 | | Assignment: Administrative | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] | |
| <input checked="" type="checkbox"/> REOCCURRING | <input type="checkbox"/> MJS | <input type="checkbox"/> AREAS | | | |
| <input type="checkbox"/> NEW | <input type="checkbox"/> 77TH | <input checked="" type="checkbox"/> ALL | Admin Section Review Signature: [Redacted] | | |
| <input type="checkbox"/> OTHER (explain below) | <input type="checkbox"/> VJS | <input type="checkbox"/> OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Flow Test to recertify CSD's SCBAs. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| To maintain the SCBAs throughout CSD, a Flow Test must be performed. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| This item was not included in the Division's budget. | | | | | |
| Estimated Cost: \$4,065.00 | | Actual Cost: \$4,065.00 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | Extreme Safety | Albert Chavez | [Redacted] | \$4,065.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: Bar Soap | | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: Captain Orlando Chavarria Print Member Name: | | Signature: [Redacted] | | Serial No.: 26286 Date: 3/1/22 |
| | Sgt Hernandez Print Member Name: | | [Redacted] | | Serial No.: 32765 Date: 3/1/22 |
| | Sgt Biville Print Member Name: | | [Redacted] | | Serial No.: 35110 Date: 3/1/22 |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Assistant to the Director, OSO: | | Signature: | | Serial No.: Date: |
| | <input type="checkbox"/> Required if Over \$80,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Director, Office of Special Operations: | | Signature: Serial No.: Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|---|--|----------------------------|--|--|
| DATE SUBMITTED 3/15/22 | | ITEM(S) REQUESTED: DirecTV Payment | | CONTROL NUMBER Edr 22 - 014 | |
| Submitted by: DO VU | | Serial No. N2714 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] | |
| <input checked="" type="checkbox"/> REOCCURRING | <input checked="" type="checkbox"/> MJS | <input type="checkbox"/> AREAS | Serial No. 32765 | | |
| <input type="checkbox"/> NEW | <input type="checkbox"/> 77TH | <input type="checkbox"/> ALL | | | |
| <input type="checkbox"/> OTHER (explain below) | <input type="checkbox"/> VJS | <input type="checkbox"/> OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, installation requirements, etc): | | | | | |
| DirecTV invoice # 018835073X220302, monthly payment for TV service | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | |
| Estimated Cost: \$321.99 | | Actual Cost: \$321.99 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: Estimate: | |
| 1 DirecTV | | Customer service | | 888-388-4249 \$321.99 | |
| 2 | | | | - - | |
| 3 | | | | - - | |
| Vendor Selected: DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: Member Name: Sgt U B. Valle | | Signature: [Redacted] | | Serial No.: 26254 Date: 3/15/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt U B. Valle | | Signature: [Redacted] | | Serial No.: 32765 Date: 3/16/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Assistant to the Director, OSO: | | Signature: [Redacted] | | Serial No.: 35110 Date: 3/15/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Director, Office of Special Operations: | | Signature: [Redacted] | | Serial No.: [Redacted] Date: [Redacted] | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|--|-----------------------|---|--------------------------------------|
| DATE SUBMITTED 3/30/22 | | ITEM(s) REQUESTED: Los Angeles Daily News | | CONTROL NUMBER IWF-22-015 | |
| Submitted by: D.O. Carter | | Serial No. N3754 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input checked="" type="checkbox"/> | OTHER (explain): PACIFIC JAIL |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Yearly subscription to the Los Angeles Daily News for Pacific Jail. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | |
| Estimated Cost: \$3219.77 | | Actual Cost: \$3219.77 | | City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | Los Angeles Daily News | CUSTOMER SERVICE | (818)713-3131 | \$3219.77 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: Los Angeles Daily News | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: <i>Capt. [Signature]</i> | | Signature: [Redacted] | | Serial No.: 26288 Date: 3/30/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: <i>[Signature]</i> | | Signature: [Redacted] | | Serial No.: 37027 Date: 3/31/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Per Name: Sgt II B. Valle | | Signature: [Redacted] | | Serial No.: 35110 Date: 3/30/22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required Over \$40,000 Commanding Officer, ASB: | | Signature: | | Serial No.: Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required Over \$50,000 Commanding Officer, ASB: | | Signature: | | Serial No.: Date: |

RECEIPTS and DISBURSEMENTS REPORT

| | | | |
|-----------------|-------------------------------------|----------------|--------------|
| DIVISION CSD | TYPE OF FUND INMATE WELFARE FUND | MONTH APRIL | YEAR 2022 |
|-----------------|-------------------------------------|----------------|--------------|

| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL |
|--|---|---------------------|-------------------|
| BEGINNING BALANCE | | | |
| 4/1/22 | BANK BALANCE | | \$ 1,866,108.26 |
| | WELLS FARGO BANK [REDACTED] | | |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$3541.76 | |
| | TOTAL | | \$1,862,566.50 |
| RECEIPTS THIS MONTH | | | |
| 4/08/22 | INTEREST EARNED | \$48.19 | |
| | TOTAL | | \$48.19 |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$1,862,614.69 |
| DISBURSEMENTS THIS MONTH | | | |
| 4/6/22 | Check #2066 METRO IWF 22-016 | \$750.00 | |
| 4/13/22 | Check #2067 DIRECTV IWF 22-018 | \$328.24 | |
| | TOTAL | | \$1,078.24 |
| | | | \$1,861,536.45 |
| ENDING BALANCE | | | |
| 4/30/22 | BANK BALANCE | | \$1,861,536.45 |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$0 | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | |
| | TOTAL | | \$1,861,536.45 |
| DIVISION COMMANDER | | AUDIT COMMITTEE | PREPARED BY |
| [REDACTED] | | JEFF WONG N2799 | [REDACTED] |
| ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | JERRY LEE N4522 | DO M.CARTER N3754 |
| DATE | | TELEPHONE EXTENSION | |
| 6/1/22 | | [REDACTED] | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|---|---------------------------------------|--|---|-------------------|
| DATE SUBMITTED 1/6/2022 | | ITEM(S) REQUESTED: Metro Tap Cards | | CONTROL NUMBER IWF 20-016 | |
| Submitted by: Jacson | | Serial No. N3066 | | Assignment: Administrative | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] Serial No. 32465 | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): Metro Tap cards are used to provide inmates, released from custody, access to mass transit services. Tap cards replaced bus tokens. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): Los Angeles Metro public transportation service accepts cash or TAP card from patrons. The purchase of the TAP cards will allow CSD to continue to provide a means of transportation for those released from custody. | | | | | |
| Reason City resources were not used for expenditure: The provision of providing a means of transportation for those who are leaving custody is not part of the City budget. | | | | | |
| Estimated Cost: \$750.00 | | Actual Cost: | | City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| | Company Name | Contact | Phone: | Estimate: | |
| 1 | Metro | TAP Vendor Support Team | [Redacted] | \$750.00 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: Metro | | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: [Signature] Print Member Name: | | [Redacted Signature] | Serial No.: 26258 | Date: 4/7/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | [Signature] Print Member Name: | | | Serial No.: 31023 | Date: 4.7.2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | [Signature] Print Member Name: | | | Serial No.: 35110 | Date: 4/7/22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | Serial No.: | Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|----------------------------------|-------------------------------|---|---------------------------------|-------------|---|-----------------------------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
| 4/13/22 | | DIRECTV | | | | IWF 22-018 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Carler | | N3754 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | | Serial No. |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> MJS | <input checked="" type="checkbox"/> AREAS | [REDACTED] | | | 32765 |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> 77TH | <input type="checkbox"/> ALL | Admin Section Review Signature: | | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> VJS | OTHER (explain): | | | | |
| Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV Invoice #018835073X220402, monthly payment for TV service. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the inmate Welfare Fund for the benefit of the inmates. | | | | | | | |
| Estimated Cost: \$328.24 | | Actual Cost: \$328.24 | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DIRECTV | Customer Service | | 888-388-4249 | | \$328.24 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | DIRECTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Signature: | | Serial No.: | Date: | |
| | CAPTAIN ORLANDO CHANDLER | | [REDACTED] | | 26288 | 4/13/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | Date: | |
| | SGT. BRUCE COSS | | | | 37023 | 4.13.22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | Date: | |
| | Sgt II B. Valle | | | | 35110 | 4/13/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSC: | | Signature: | | Serial No.: | Date: | |
| | | | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: | Date: | |
| | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|---|---|-----------------------------|---|-----------------------------|
| DATE SUBMITTED 5/11/22 | | ITEM(s) REQUESTED: DirecTV Payment | | CONTROL NUMBER INF 22 - 020 | |
| Submitted by: DO VU | | Serial No. N2714 | | Assignment: MJS/CSD | |
| Type of Expenditure: | | Facility | | Section/C Approval Signature: [Redacted] | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): 11 |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): DirecTV invoice # 018835073X220502, monthly payment for TV service | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15. | | | | | |
| Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | |
| Estimated Cost: \$321.99 | | Actual Cost: \$321.99 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 DirecTV | | Customer service | | 888-388-4249 | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: DirecTV | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER | | [Redacted Signature] | | Serial No.: 26288 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Lt JOE Hernandez | | [Redacted Signature] | | Serial No.: 32765 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt H B. Valle | | [Redacted Signature] | | Serial No.: 35110 |
| <input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Assistant to the Director, OSO: | | Signature: | | Serial No.: Date: |
| <input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Director, Office of Special Operations: | | Signature: | | Serial No.: Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|-----------------------|---|------|---|-------|---|------|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 05/12/2022 | | Annual Software Maintenance and Support for Foothill Jail CCTV System | | | | IDF 22-021 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section Chief Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | 2758 |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input checked="" type="checkbox"/> | VJS | <input type="checkbox"/> OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Annual (one (1) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Foothill Jail. Post warranty additional one(1) year. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Foothill Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | | | |
| Estimated Cost: | | 990.00 | | Actual Cost: | | 990.00 | |
| City Approved Vendor: | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | R.K.M Communications | Robert Martin | | [REDACTED] | | 990.00 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | | Date: | |
| | | [Signature] | | 26286 | | 5/19/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | SGT B. Coors | | 31023 | | 5-23-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | Sgt H B. Valle | | 35110 | | 5/15/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$40,000 | | Serial No.: | | Date: | |
| | | Commanding Officer, ASB: | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$50,000 | | Serial No.: | | Date: | |
| | | Commanding Officer, ASB: | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|---|--|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 05/12/2022 | | Replacement camera to Hallway 200 | | 741F 22-022 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS | | <input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain): | |
| | | | | Serial No. 27583 | |
| Admin Section Review Signature: | | | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| On [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is one of the original cameras, series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the areas located [REDACTED] | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 1493.78 | | 1493.78 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 R.K.M Communications | | Robert Martin | | [REDACTED] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: | |
| | | | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: [Signature] Member Name: Lt Joe Hernandez Member Name: Sgt Il B. Valle Commanding Officer, ASB: [Signature] | | Serial No.: 26288 Serial No.: 32745 Serial No.: 35110 Serial No.: [REDACTED] Signature: [REDACTED] | |
| | | | | Date: 5/19/22 Date: 5/19/22 Date: 5/19/22 Date: [REDACTED] | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|---|--|--|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 05/17/2022 | | New replacement camera to Cell 111A | | IOP 22-028 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| REOCCURRING | | MJS | | [Redacted] | |
| X NEW | | 77TH | | Serial No. 22583 | |
| OTHER (explain below) | | X VJS | | Admin Section Review Signature: | |
| | | | | OTHER (explain): | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Or [Redacted] camera [Redacted] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [Redacted] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [Redacted] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 1493.78 | | 1493.78 | | X Yes [] No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 R.K.M Communications | | Robert Martin | | [Redacted] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: [] Price [] City Vendor X Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: [Signature] Member Name: Lt Joe Hernandez Member Name: Sgt H B. Valle | | [Redacted Signature] [Redacted] [Redacted] [Redacted] | |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, A-B: [Redacted] | | Serial No.: 26281 32765 35110 | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Signature: | | Date: 5/19/22 5/25/22 5/17/22 | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|-----------------------|--|------|--|-----------------------|
| DATE SUBMITTED 05/17/2022 | | ITEM(S) REQUESTED: Replacement CPU and software for Release desk CCTV | | CONTROL NUMBER 7102F 22-024 | |
| Submitted by: Marie Graham | | Serial No. N3073 | | Assignment: CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] Serial No. 27573 | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input checked="" type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain below) |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): Precision 3480, Small Form Factor Intel core [Redacted] [Redacted] Installation of Verint camera software. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): This computer will replace the BO CPU Dell OptiPlex 3020 located at the Release Desk Area of Valley Jail. The BO computer was purchased 2013 and is not able to be repaired. The Release desk is using a spare computer furnished by the vendor. This computer is utilized by staff to view [Redacted] [Redacted] This enhances the monitoring of the arrestees and improves the security of [Redacted] to the Valley Jail helping to ensure better employee compliance with department roles. | | | | | |
| Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: 3690.00 | | Actual Cost: 3690.00 | | City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: Estimate: | |
| 1 RKM Communications | | Robert Martin | | [Redacted] 3690.00 | |
| 2 | | | | - | |
| 3 | | | | - | |
| Vendor Selected: RKM Communications | | Reason Selected: | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 | | Commanding Officer / Fund Chair: [Signature] Member Name: [Signature] B. Cross Member Name: [Signature] B. Valle Assistant to the Director, OSO: | | Serial No.: 26288 Date: 5/19/22 Serial No.: 37023 Date: 5.23.22 Serial No.: 35110 Date: 5/19/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 | | Director, Office of Special Operations: [Signature] | | Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|--|---|--|---------------------------------|--|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 05/17/2022 | | Camera system reconfigured for 24/7 recording | | | | JWF 22-025 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | | | |
| Type of Expenditure: | | Facility | | Section # C Approval Signature: | | Serial No. | |
| REOCCURRING | | MJS | | | | 27583 | |
| <input checked="" type="checkbox"/> NEW | | 77TH | | ALL | | Admin Section Review Signature: | |
| OTHER (explain below) | | <input checked="" type="checkbox"/> VJS | | OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| On [REDACTED] RKM Communications was contacted to change the recording settings from [REDACTED] in addition the technician was requested to provide [REDACTED] | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| [REDACTED] | | | | | | | |
| The CCTV system is essential in providing effective security to Valley Jail. The recording server allows this information to be saved and viewed at later dates or downloaded for permanent record. The recordings are instrumental in analyzing incidents involving use of force and inmate complaints, helping to ensure better employee compliance with department roles. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | | | |
| Estimated Cost: | | 540.00 | | Actual Cost: | | 540.00 | |
| | | | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 R.K.M Communications | | Robert Martin | | [REDACTED] | | 540.00 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | | Date: | |
| | | [Signature] | | 26258 | | 5/19/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | Det P. Cozz | | 37003 | | 5-22-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | Sgt 11 B. Valle | | 35116 | | 5/19/22 | |
| Required if Over \$40,000 | | Commanding Officer, ASB: | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | |
| Required if Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | |

RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH JUNE | YEAR 2022 |
|--|---|-------------------------------------|---|---------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 6/1/22 | BANK BALANCE WELLS FARGO BANK [REDACTED] | | \$ 1,861,576.23 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$8,529.55 | | | |
| | TOTAL | | \$1,853,046.68 | | |
| RECEIPTS THIS MONTH | | | | | |
| 6/8/22 | INTEREST EARNED | \$49.33 | | | |
| | TOTAL | | \$49.33 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$1,853,096.01 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 5/31/22 | Check #2068 IWF 22-019 | \$1,750.00 | | | |
| 6/14/22 | Check #2075 IWF 22-026 | \$2,253.02 | | | |
| | TOTAL | | \$4,003.02 | | |
| | | | \$1,849,092.99 | | |
| ENDING BALANCE | | | | | |
| 6/30/22 | BANK BALANCE | | \$1,857,776.01 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$8,683.02 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$1,849,092.99 | | |
| DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER, Captain III Commanding Officer Custody Services Division | | DATE 8/30/22 | AUDIT COMMITTEE JEFF WONG N2799 [REDACTED] JERRY LEE N4522 [REDACTED] | | PREPARED BY VELINDA RIPARIP, MA N616 [REDACTED] TELEPHONE EXTENSION [REDACTED] |


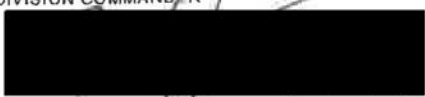

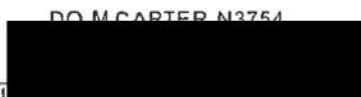

RECEIPTS and DISBURSEMENTS REPORT

DIVISION
CSD

TYPE OF FUND

INMATE WELFARE FUND

MONTH
JULYYEAR
2022

| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL |
|---|--|---|--|
| BEGINNING BALANCE | | | |
| 7/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 1,857,776.01 |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$8,683.02 | |
| | TOTAL | | \$1,849,092.99 |
| RECEIPTS THIS MONTH | | | |
| 7/13/22 | PARTNERS FOR A SAFER AMERICA, INC | \$250,000.00 | |
| 7/20/22 | PARTNERS FOR A SAFER AMERICA, INC | \$129,613.00 | |
| 7/11/22 | INTEREST EARNED | \$113.99 | |
| | TOTAL | | \$379,726.99 |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,228,819.98 |
| DISBURSEMENTS THIS MONTH | | | |
| 7/10/22 | Check #2077 DIRECTV (REIMBURSEMENTMELVA CARTER) IWF 22-027 | \$321.99 | |
| | TOTAL | | \$ 321.99 |
| | | | \$2,228,497.99 |
| ENDING BALANCE | | | |
| 7/31/22 | BANK BALANCE | | \$2,228,819.98 |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$321.99 | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | |
| | TOTAL | | \$2,228,497.99 |
| DIVISION COMMANDER | DATE | AUDIT COMMITTEE | PREPARED BY |
|  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | 9/19/22 | JEFF WONG N2799  JERRY LEE N4522 | DOM CARTER N3754  TEL  |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|---|-------------------------------------|------------|---|-----------------|---|-----------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
| 6/16/22 | | DirecTV Payment | | | | FWF 22 - 029 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| DO VU | | N2714 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] 32765 | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain) | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV invoice # 018835073X220602, monthly payment for TV service | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| \$ 321.99 | | \$ 321.99 | | | | | |
| \$650.23 | | \$650.23 | | | | | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DirecTV | Customer service | | 888-388-4249 | | \$650.23 / 321.99 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: DirecTV | | | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Signature: | | Serial No.: | | Date: |
| | CAPTAIN [REDACTED] CHANDLER | | [REDACTED] | | 26288 | | 6.22.2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: |
| | [REDACTED] | | | | 31023 | | 6.22.2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: |
| | Sgt II P. Valle | | | | 35110 | | 6.22.22 |
| <input type="checkbox"/> Required If Over \$40,000 | Assistant to the Director, OSO: | | | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | |
| <input type="checkbox"/> Required If Over \$50,000 | Director, Office of Special Operations: | | Signature: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | |

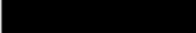
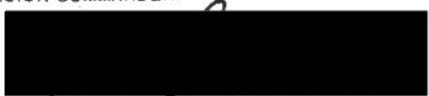

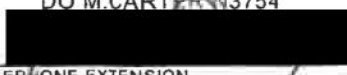

RECEIPTS and DISBURSEMENTS REPORT

DIVISION
CSD

TYPE OF FUND
INMATE WELFARE FUND- AMENDED

MONTH
AUGUST

YEAR
2022

| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL |
|---|--|---|---|
| BEGINNING BALANCE | | | |
| 8/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 2,228,819.98 |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$321.99 | |
| | TOTAL | | \$2,228,497.99 |
| RECEIPTS THIS MONTH | | | |
| 8/8/22 | INTEREST EARNED | \$407.64 | |
| | TOTAL | | \$407.64 |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,228,905.63 |
| DISBURSEMENTS THIS MONTH | | | |
| 8/11/22 | Check #2079 ASSI SECURITY IWF 22-029 | \$11,000.00 | |
| 8/11/22 | Check #2080 BOB BARKER IWF 22-030 | \$941.73 | |
| 8/11/22 | Check #2081 CULINARY DEPOT IWF 22-031 | \$3,832.50 | |
| 8/17/22 | Check #2083 DIRECTV IWF 22-032 | \$666.47 | |
| 8/17/22 | Check #2084 ASSI SECURITY IWF 22-017 | \$150.00 | |
| 8/18/22 | Check #2085 SECURITY DETECTION IWF 22-033 | \$115.00 | |
| 8/18/22 | Check #2086 ASSI SECURITY IWF 22-035 | \$3000.00 | |
| | TOTAL | | \$19,705.70 |
| | | | \$2,209,199.93 |
| ENDING BALANCE | | | |
| 8/31/22 | BANK BALANCE | | \$2,209,521.92 |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | |
| | <u>OUTSTANDING CHECKS</u> | \$321.99 | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | |
| | TOTAL | | \$2,209,199.93 |
| DIVISION COMMANDER | DATE | AUDIT COMMITTEE | PREPARED BY |
|  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | 9/20/22 | JEFF WONG N2799  JERRY LEE N4522 | DO M. CARTER N3754  TELEPHONE EXTENSION  |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
|---|-----------------------|--|------|---|------------------|
| 7/19/22 | | ASSI | | WFP 22-029 | |
| Submitted by: | | Serial No. | | Assignment: | |
| DO VU | | N2714 | | MJS/CSD | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input checked="" type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Completion for the installation of two cameras for the [REDACTED] at MDC. Contract #C-124017, Invoice 71329 | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| Cameras needed to monitor [REDACTED] | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$11,000.00 | | \$11,000.00 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 ASSI | | Customer service | | 949-955-244 | |
| 2 | | | | - | |
| 3 | | | | - | |
| Vendor Selected: | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$40,000 | | Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER Member Name: Sgt H B. Valle Member Name: SGT Bruce Cross Assistant to the Director, OSO: | | Serial No.: 26288 Serial No.: 35110 Serial No.: 37023 Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$50,000 | | Director, Office of Special Operations: | | Signature: Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|----------------------------------|-------------------------------------|------------|--|------------------|---|-----------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
| 6/8/22 | | Metal Bench | | | | IWF 22-030 | |
| Submitted by: | | Serial No. | | Assignment | | Phone | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] 32329 | |
| <input checked="" type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Bob Barker Metal Bench BB6B, Steel 10ga., 6 foot metal bench, Quote #EST0042332. Installation will be requested from GSD. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| This metal bench will be installed inside the booking jail entrance sally port along the north wall (opposite the gun lockers). Officers will have a place to set down inmate property and booking paperwork while conducting pat-downs on camera and arrestees will have a place to sit when shoes/socks are removed and searched prior to entering the jail. A contraband free jail assists in providing a safe and secure environment for the arrestees in our custody. Recently a knife, various narcotics, and a loaded gun have entered the jail, all of which should have been discovered during the pat-down process if done properly. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$941.73 | | Actual Cost: | | \$941.73 | |
| | | | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone | | Estimate: | |
| 1 | Bob Barker | Suzanne Chung | | 800-334-9880 | | \$941.73 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: Bob Barker | | | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Signature: | | Serial No.: | | Date: |
| | [Signature] | | [REDACTED] | | 26288 | | 6/23/2022 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Signature: | | Serial No.: | | Date: |
| | Lt Joe Hernandez | | [REDACTED] | | 2205 | | 6/25/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Signature: | | Serial No.: | | Date: |
| | Sgt B. Valle | | [REDACTED] | | 35110 | | 6/20/22 |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | Signature: | | Serial No.: | | Date: |
| | | | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: |
| | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|---|--|--|--|--|--|----------------|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 7/12/22 | | Reach-In Freezer | | | | IWF 22 031 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> REOCCURRING | | <input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS | | [REDACTED] | | 31991 | |
| <input checked="" type="checkbox"/> NEW | | <input type="checkbox"/> 77TH <input type="checkbox"/> ALL | | Admin Section Review Signature: | | | |
| <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): | | Harbor Area Jail | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Culinary Depot Quote 07/12/2022, Artic Air AF49, reach in freezer, two door, 54"W, 49.0 cu. ft., electronic thermostat with digital LED display, -10F to +10F. 6" caster wheels, 2 Year parts and labor, 5 Year warranty on compressor. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| This unit will replace the failing freezer at Harbor Area Jail and store frozen inmate meals at the required temperature. The current freezer has reached end of life and resulted in multiple HVAC repair calls, which only keep the freezer running for a short time. 77th then has to transport and allocate food to cover inmate meals at Harbor Jail. The old freezer was purchased prior to the original 2009 opening of Harbor Jail and sat dormant for over 10 years. This replacement unit was selected based on availability (in stock), exterior dimensions to fit into the available Jail Kitchen space and the inner dimensions to hold as much product as possible (48 cases). There is no back-up freezer or walk-in freezer at this location. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$3,382.50 | | Actual Cost: | | \$3,382.50 | |
| City Approved Vendor: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 Culinary Depot | | Pnina Massoth | | 888-845-8200 | | \$3,832.50 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: Culinary Depot | | | | Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | | Date: | |
| | | CAPTAIN ORLANDO CHANDLER | | 26288 | | 8-3-2022 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | Lt Joe Hernandez | | 32765 | | 8-8-2022 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | | Date: | |
| | | Sgt. B. Valle | | 35110 | | 8-3-22 | |
| <input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, SSG: | | Serial No.: | | Date: | |
| | | | | | | | |
| <input type="checkbox"/> Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: | | Date: | |
| | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|-----------------------|--|------|---------------------------------|------------------|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 8/10/2022 | | DirecTV | | | | IWF-22-032 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] 32705 | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV Invoice # 018835073X220802, monthly payment for TV service. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| \$668.47 320.24 | | \$668.47 320.24 | | | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DirecTV | Customer Service | | 888-388-4249 | | \$668.47 320.24 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: Capt. Orlando Chandler | | Signature: [REDACTED] | | Serial No.: 26288 Date: 8/17/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Sgt. B. Valle | | Signature: [REDACTED] | | Serial No.: 35110 Date: 8/17/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Lt. Joe Hernandez | | Signature: [REDACTED] | | Serial No.: 32705 Date: 8.17.22 | |
| Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, SSG: | | Signature: | | Serial No.: Date: | |
| Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Signature: | | Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|----------------------------------|--------------------------|-------------|---|------------------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
| 4/8/22 | | ASSI Service Call | | FMT 22- 017 | |
| Submitted by: | | Serial No. | | Assignment: | |
| Allen Hayden | | N4461 | | 77th RJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input checked="" type="checkbox"/> | AREAS |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): |
| | | | | Pacific Jail | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Service call to correct the ASSI camera system date/time stamp [REDACTED] FMD placed this request with ASSI during regular business hours. Technician was on site between 1:30-2:30 PM. The ASSI Pacific Jail contract does not take effect until July 1st 2022. ASSI Work Order 48848. Invoice No. SD17092. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This Pacific Jail camera system is necessary to maintain and record continual observation of activity and to provide a safe and secure environment while arrestees are in our custody. For investigative purposes [REDACTED] | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$150.00 | | \$150.00 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 ASSI | | Hector Esquivel | | [REDACTED] | |
| 2 | | | | - | |
| 3 | | | | - | |
| Vendor Selected: | | ASSI | | Reason Selected: | |
| | | | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | Serial No.: | | Date: |
| | [Signature] | | 26284 | | 8/17/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Serial No.: | | Date: |
| | Lt Joe Hernandez | | 32761 | | 8/15/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | Serial No.: | | Date: |
| | Sgt L B. Valle | | 35110 | | 8/10/22 |
| <input type="checkbox"/> Required if Over \$40,000 | Commanding Officer, SSG: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 | Commanding Officer, ASB: | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--------------------------------------|-----------------------|---|------|--|------------------|
| DATE SUBMITTED 5/12/22 | | ITEM(S) REQUESTED: Garrett Light Bar Controller | | CONTROL NUMBER IWF 22-035 | |
| Submitted by: Allen Hayden | | Serial No. N4461 | | Assignment: 77th RJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: [Redacted] | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS |
| <input type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL |
| <input checked="" type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): |

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):

This IWF is for a replacement **[Redacted]** Walk Through Metal Detector Light Bar Controller (2341112), including shipping and handling. Estiamte #2742. GSD Electrician will be requested for install.

Justification for expenditure (how will the expenditure benefit inmates):

The walk through metal detector is one of several procedural steps to screen arrestees for contraband upon entering the jail.

Reason City resources were not used for expenditure:

There are no city funds for this purchase.

Estimated Cost: **\$115.00** Actual Cost: **\$115.00** City Approved Vendor: ☐ Yes ☒ No

List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

| | Company Name | Contact | Phone | Estimate |
|---|--------------------|------------|-------------------|----------|
| 1 | Security Detection | Rick Smith | [Redacted] | \$115.00 |
| 2 | | | - | |
| 3 | | | - | |

Vendor Selected: **Security Detection** Reason Selected: ☐ Price ☐ City Vendor ☒ Other

DO NOT WRITE BELOW THIS LINE

| | | | |
|---|--|-----------------------------|-------------------------|
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: [Signature] | Serial No.: 26238 | Date: 6-8-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt H. B. Valle | Serial No.: 35110 | Date: 6-8-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Lt J. E. Hernandez | Serial No.: 32765 | Date: 6-18-22 |
| <input type="checkbox"/> Required if Over \$40,000 | Commanding Officer, SSG: | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | Serial No.: | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Signature: | Serial No.: | Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|--|--|--|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 07/28/2022 | | Three replacement cameras | | IWF 22-034* | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS | | <input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain): | |
| | | | | Serial No. 27583 | |
| | | | | Admin Section Review Signature: | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Three replacement cameras to locations [REDACTED] The camera recommendation is to replace with a new [REDACTED] camera. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| These cameras have failed, unable to communicate with the server. These cameras will assist in monitoring the arrestees that are in these cells, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 3000.00 | | 3000.00 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 ASSI Security | | Hector Gonzalez | | [REDACTED] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | ASSI SECURITY R.K.M. Communications | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | | CAPTAIN ORLANDO CHANDLER | | 26288 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | SGT BRUCE COSS | | 37023 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | SGT U B. Valle | | 35110 | |
| Required If Over \$40,000 | | Commanding Officer, SSG: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| Required If Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | |
| | | Signature: | | Date: | |
| | | | | | |

RECEIPTS and DISBURSEMENTS REPORT

DIVISION
CSD

TYPE OF FUND





INMATE WELFARE FUND

MONTH

SEPTEMBER

YEAR

2022

| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL |
|---|--|--|---|
| BEGINNING BALANCE | | | |
| 9/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$2,209,521.92 |
| | DEPOSITS IN TRANSIT | \$ | |
| | OUTSTANDING CHECKS | \$321.99 | |
| | TOTAL | | \$2,209,199.93 |
| RECEIPTS THIS MONTH | | | |
| 9/12/22 | PARTNERS FOR A SAFER AMERICA | \$29,250.00 | |
| 9/9/22 | INTEREST EARNED | \$615.50 | |
| | TOTAL | | \$29,865.50 |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,239,065.43 |
| DISBURSEMENTS THIS MONTH | | | |
| 9/8/22 | Check #2088 CALIFORNIA DEPT OF PUBLIC HEALTH- MWMP IWF 22-036 | \$25.00 | |
| 9/8/22 | Check #2089 DIRECTV IWF 22-037 | \$347.32 | |
| 9/26/22 | Check #2090 PCD IDENTICARD IWF 22-038 | \$724.24 | |
| 9/20/22 | Check #2093 DAILY NEWS (VJS) IWF 22-035 | \$4304.22 | |
| | TOTAL | | \$5,400.78 |
| | | | \$2,233,664.65 |
| ENDING BALANCE | | | |
| 9/30/22 | BANK BALANCE | | \$ 2,239,065.43 |
| | DEPOSITS IN TRANSIT | \$0 | |
| | OUTSTANDING CHECKS | \$5,400.78 | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | |
| | TOTAL | | \$2,233,664.65 |
| DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | DATE 10/20/22 | AUDIT COMMITTEE JEFF WONG N2799 JERRY LEE N4522  | PREPARED BY DOM CARTER N3754  TELEPHONE EXTENSION (213) 356-3460 |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|---------------------------------------|-------------------------------------|------------|--|------------------|--|---------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
| 8/26/22 | | CDPH-MWMP Annual Registration Fee | | | | 22-036 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Velinda Riparip | | N6163 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OK Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] 327105 | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: [REDACTED] | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| 2022 Annual Registration Fee for California Department of Public Health-Medical Waste Management Program (MWMP). | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| On January 1, 1994, Section 117924 was added to the Health and Safety code, Medical Waste Management Act (MWMA), requiring Small Quantity Generators (SQG) of medical waste to pay an annual fee in the amount of \$25.00. To protect the public and the environment from potentially infectious disease causing agents, the MWMP regulates the generation, handling, storage, treatment, and disposal of medical waste by providing oversight for the implementation of the MWMA. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$25.00 | | Actual Cost: | | \$25.00 | |
| City Approved Vendor: | | | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | California Dept of Public Health-MWMP | Customer Service | | 916-449-5671 | | \$25.00 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: California Dept of Public Health-MWMP | | | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: | | Date: |
| | LT S. FAUCHILD | | | | 27583 | | 8/31/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | SGT. COSS | | | | 37023 | | 8/31/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | SGT. II B. Valle | | | | 35110 | | 8/31/22 |
| Required if Over \$50,000 | | Commanding Officer, ASB: | | Signature: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | | |
|--|---|-------------------------------------|------------|--------------------------------|------------------|---|---------|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | | |
| 9/06/2022 | | DirecTV | | | | IWF-22-037 | | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | | |
| Type of Expenditure: | | Facility | | Section O/C Approval Signature | | Serial No. | | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | 32715 | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: [REDACTED] | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | | |
| DirecTV Invoice # 018835073X220902, monthly payment for TV service. | | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| \$347.32 | | \$347.32 | | | | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | | |
| 1 | DirecTV | Customer Service | | 888-388-4249 | | \$347.32 | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Vendor Selected: | | DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: | | Date: | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | 27583 | | 9-8-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | 5th B. Valle | | | | 35110 | | 9-27-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | 6th B. Coas | | | | 37023 | | 9.27.22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$40,000 Commanding Officer, \$50: | | | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$50,000 Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | | |





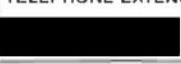
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|---|--|--|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 9/12/22 | | Arrestee Wristbands Fasteners | | 22-038 | |
| Submitted by: | | Serial No. | | Assignment: | |
| Allen Hayden | | N4461 | | 77th RJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input checked="" type="checkbox"/> REOCCURRING <input type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): | | <input checked="" type="checkbox"/> AREAS <input type="checkbox"/> ALL 77th RJS, Harbor Jail, Pacific Jail | |
| | | | | Serial No. 31991 | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Purchase of secureband wristbands steel clincher dual grip fasteners (for heat sealed permanent arrestee court wristbands). PCD Identocard Quote No. 26791520 | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| This is a yearly reoccurring expense for steel clinchers that are used to attach the inmate wristbands allowing staff to identify arrestees by name and booking number while in our facility. Fasteners are used to assemble arestee wristands and court loops (which we cut in half before assembling for court transportation identification resulting in a 50% shortage of provided fasteners from the county). County provided supplies have been severely limited in the last three years and they do not provide the necessary extra fasteners for the court wristband loops they require resulting in a excessive amount of wristbands with no clinchers. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$724.24 | | \$724.24 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 PCD Identocard | | L&E House Account | | 724.24 | |
| 2 | | | | - | |
| 3 | | | | - | |
| Vendor Selected: | | Reason Selected: | | | |
| PCD Identocard | | | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | | Capt. Carlos Guerrero | | 26288 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | Sgt 11 B. Valle | | 35116 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | Lt Joe Hernandez | | 32705 | |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: | |
| | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Signature: | | Serial No.: | |
| | | | | | |
| | | | | Date: | |
| | | | | 9-29-22 | |
| | | | | Date: | |
| | | | | 9-27-22 | |
| | | | | Date: | |
| | | | | 104.72 | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
|---|------------------------|---|------|---------------------------------|------------------|---|--|
| 09/20/22 | | LA Daily News | | | | IWF-22-035 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Carter | | N3754 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input checked="" type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | VAN NUYS JAIL | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Yearly subscription to the Los Angeles Daily News for Van Nuys Jail. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | | | |
| Estimated Cost: | | \$4,304.22 | | Actual Cost: | | \$4,304.22 | |
| City Approved Vendor: | | <input type="checkbox"/> | | Yes | | <input checked="" type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | Los Angeles Daily News | Customer Service | | (818) 713-3131 | | \$4,304.22 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | Los Angeles Daily News | | Reason Selected | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: MEMBER S. FAIRCHILD | | [REDACTED] | | Serial No.: 27503 Date: 9-21-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: FUND CHAIR CAPTAIN ORLANDO CHANDLER | | [REDACTED] | | Serial No.: 26258 Date: 10-5-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Sgt H B. Valle | | [REDACTED] | | Serial No.: 35116 Date: 10-12-22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$40,000: Commanding Officer, BSG: | | [REDACTED] | | Serial No.: Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$50,000: Commanding Officer, ASB: | | Signature: | | Serial No.: Date: | |

RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH OCTOBER | YEAR 2022 |
|---|--|-------------------------------------|--|------------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 10/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$2,239,065.43 | | |
| | DEPOSITS IN TRANSIT | \$ | | | |
| | OUTSTANDING CHECKS | \$5,400.78 | | | |
| | TOTAL | | \$2,233,664.65 | | |
| RECEIPTS THIS MONTH | | | | | |
| 10/11/22 | INTEREST EARNED | \$603.67 | | | |
| | TOTAL | | \$603.67 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,234,268.32 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 10/5/22 | Check #2094 ASSI SECURITY IWF 22-041 | \$3,300.00 | | | |
| 10/7/22 | Check #2095 ALLIED UNIVERSAL IWF 22-042 | \$1085.76 | | | |
| 10/12/22 | Check #2096 LA OPINION IWF 22-039 | \$14,031.90 | | | |
| 10/12/22 | Check #2097 METRO IWF 22-044 | \$1875.00 | | | |
| 10/13/22 | Check #2098 GRAINGER IWF 22-043 | \$7,256.67 | | | |
| 10/13/22 | Check #2099 DIRECTV IWF 22-045 | \$328.24 | | | |
| 10/21/22 | Check #2100 DAILY NEWS IWF 22-040 | \$714.86 | | | |
| 10/28/22 | Check #2101 ASSI SECURITY 22-046 | \$1235.00 | | | |
| 10/28/22 | Check #2102 ASSI SECURITY 22-047 | \$535.00 | | | |
| | TOTAL | | \$ 30362.43 | | |
| | | | \$2,203,905.89 | | |
| ENDING BALANCE | | | | | |
| 9/30/22 | BANK BALANCE | | \$ 2,227,679.32 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$23,773.43 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$2,203,905.89 | | |
| DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | DATE 11/11/22 | AUDIT COMMITTEE JEFF WONG N2799  JERRY LEE N4522 | | PREPARED BY DO M CARTER N3754  TELEPHONE EXTENSION  |




INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|--|--|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | CONTROL NUMBER | |
| 09/19/2022 | | Three replacement cameras for cells [REDACTED] | | IWF 22-041 | |
| Submitted by: | | Serial No. | | Assignment: | |
| D.O. Marie Graham | | N3073 | | CSD/VJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS | | <input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain): | |
| | | | | Serial No. 30475 | |
| | | | | Admin Section Review Signature: | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Three replacement cameras to locations [REDACTED] The camera recommendation is to replace all [REDACTED] with new [REDACTED] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| [REDACTED] These cameras will assist in monitoring the arrestees that are in these cells, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| Expenditure was not included in the City's budget and directly benefits arrestees. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| 3,300.00 | | 3,300.00 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 ASSI Security | | Hector Gonzalez | | [REDACTED] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: | | R.K.M. Communications | | Reason Selected: | |
| | | | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: S. FAIRCHILD Member Name: FUND CHAIR | | Serial No.: 27583 Date: 9-20-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Capt. ORLANDO CHANDLER Member Name: | | Serial No.: 26288 Date: 10-5-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Sgt. B. Valie Member Name: | | Serial No.: 35110 Date: 10-5-22 | |
| Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: Date: | |
| Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Signature: | | Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|--|--|---|--|---|--|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
| 9/21/22 | | Window Cleaning | | JWF 22-042 | |
| Submitted by: | | Serial No. | | Assignment: | |
| Allen Hayden | | N4461 | | 77th RJS | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below) | | <input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): | | <input type="checkbox"/> AREAS <input type="checkbox"/> ALL Admin Section Review Signature: | |
| | | | | Serial No. 31991 | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | |
| Allied Universal Janitorial Services; quote for window cleaning at 77th RJS totalling \$1085.76, [REDACTED] | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| <p>Allied Universal is a City contracted company used to clean windows that are not part of the CSA responsibilities. There are approximately 180 windows throughout the jail with an average size of 40 x 45 inches. Windows are as high as 27+ feet in some areas (see photographs) and have not been cleaned in years (if ever). The accumulation of dust (and other) has created a frosted film like coating on the windows making it difficult to observe activity between the housing units and the security booth(s). This service will include all large windows in the Jail housing blocks, the hallways between blocks, and the security booths, inside and out.</p> | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | |
| \$1,085.76 | | \$1,085.76 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 Allied Universal | | Miguel Alferez | | 877-826-1965 | |
| 2 | | | | - | |
| 3 | | | | - | |
| Vendor Selected: | | Allied Universal | | Reason Selected: | |
| | | | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | | CAPTAIN [REDACTED] | | 26287 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | LT. JOE TERNARD | | 32745 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: | | Serial No.: | |
| | | SGT U B. VALL | | 35110 | |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, SSG: | | Serial No.: | |
| | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: | |
| | | | | | |
| | | Signature: | | Date: | |
| | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | | |
|---|--|--------------------------|--|---|---|---|------------|--|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | | |
| 9/20/22 | | La Opinion | | | | IWF-22- 039 | | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | | |
| D.O. Carter | | N3754 | | MJS/CSD | |  | | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | | | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input checked="" type="checkbox"/> | ALL | | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): 77TH, VJS, MJS, HWD, PACIFIC, HARBOR | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | | |
| Yearly subscription to the La Opinion for all jail sections. | | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | | | | |
| | | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | | | |
| \$44,782.50 | | \$44,782.50 | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate | | |
| 1 | La Opinion | Sal Montejo |  | | \$44,782.50 \$14,031.90 | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Vendor Selected: | | Los Angeles Daily News | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | |  | | Serial No.: | | Date: | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: <i>S FAIRCHILD</i> | | | | 27583 | | 9-21-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: <i>CAPTAIN ORLANDO CHANDLER</i> | | | | 26288 | | 10-5-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: <i>Sgt H B. Valle</i> | | | | 35120 | | 10-12-22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSC: | | | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | |
|---|--|---|--|---|--|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | CONTROL NUMBER | |
| 10/4/2022 | | Metro Tap Cards | | IOF 22-044 | |
| Submitted by: | | Serial No. | | Assignment: | |
| Jacson | | N3066 | | Administrative | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | |
| <input checked="" type="checkbox"/> REOCCURRING | | <input type="checkbox"/> MJS <input type="checkbox"/> AREAS | | | |
| <input type="checkbox"/> NEW | | <input type="checkbox"/> 77TH <input type="checkbox"/> ALL | | Admin Section Review Signature: [REDACTED] | |
| <input type="checkbox"/> OTHER (explain below) | | <input checked="" type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | |
| Metro Tap cards are used to provide inmates, released from custody, access to mass transit services. Tap cards replaced bus tokens. | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | |
| Los Angeles Metro public transportation service accepts cash or TAP card from patrons. The purchase of the TAP cards will allow CSD to continue to provide a means of transportation for those released from custody. | | | | | |
| Reason City resources were not used for expenditure: | | | | | |
| The provision of providing a means of transportation for those who are leaving custody is not part of the City budget. | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| \$1,875.00 | | | | | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | |
| Company Name | | Contact | | Phone: | |
| 1 Metro | | TAP Vendor Support Team | | [REDACTED] | |
| 2 | | | | | |
| 3 | | | | | |
| Vendor Selected: Metro | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: | | Serial No.: | |
| | | CAPTAIN ORLAND CHANDLER | | 26284 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Print Member Name: | | Serial No.: | |
| | | SGT. II B. COSS | | 37023 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Print Member Name: | | Serial No.: | |
| | | Sgt II B. Valle | | 35110 | |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, SSG: | | Serial No.: | |
| | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer, ASB: | | Serial No.: | |
| | | | | | |
| | | Signature: | | Date: | |
| | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | | |
|--|----------------------------------|-------------------------------------|------|---------------------------------|------------------|---|-------|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | | |
| 10/05/2022 | | Pressure Washer and Equipment | | | | IWF- 22-043 | | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | | |
| <input type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | 32765 | |
| <input checked="" type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | [REDACTED] | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | | |
| Scope of Work: | | | | | | | | |
| Please see attached Grainger Quotation for a Total of \$7,256.67 | | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | | |
| The hot water pressure washer and equipment is needed to clean and disinfect exterior areas of the MDC where arrestees are waiting for Booking (staged prior to housing and released) and other exterior areas that become contaminated due to possible biohazards (spit, urine, fecal matter). The proposed hot water pressure washer and associated accessories will provide for a clean and sanitary holding area, as CSA services per their contract do not encompass cleaning the arrestee staging areas. | | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates to aid in the prevention of communicable disease to other inmates and detention staff. | | | | | | | | |
| Estimated Cost: | | \$7,256.67 | | Actual Cost: | | \$7,256.67 | | |
| City Approved Vendor: | | | | <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> No | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | | |
| 1 | Grainger | #36-1150280 | | (888) 486-7865 | | \$7,256.67 | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Vendor Selected: | | Grainger | | Reason Selected: | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | | Serial No.: | | Date: | | |
| | CAPTAIN GRAND CHANDLER | | | 26288 | | 10/13/2022 | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Serial No.: | | Date: | | |
| | SGT. BRUCE COSS | | | 37023 | | 10/13/2022 | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Serial No.: | | Date: | | |
| | LT JEFF HERNANDEZ | | | 32765 | | 10/13/2022 | | |
| Required if Over \$40,000 | | Commanding Officer, SSG: | | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | | |
| Required if Over \$50,000 | | Commanding Officer, ASB: | | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | Signature: | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|-----------------------|--|------|---------------------------------|------------------|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 10/05/2022 | | DirecTV | | | | IWF- 22-045 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | [REDACTED] | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV Invoice # 018835073X221002, monthly payment for TV service. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 328.24 | | 328.24 | | 675.50 | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DirecTV | Customer Service | | 888-388-4249 | | \$675.50 328.24 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHAVEZ | | Signature: [REDACTED] | | Serial No.: 26288 Date: 10/6/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Sgt. B. Cross | | Signature: [REDACTED] | | Serial No.: 31023 Date: 10/6/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | Member Name: Sgt. B. Valle | | Signature: [REDACTED] | | Serial No.: 35110 Date: 10/6/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$40,000 Commanding Officer, SSC: | | Signature: | | Serial No.: Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | Required if Over \$50,000 Commanding Officer, ASB: | | Signature: | | Serial No.: Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
|---|------------------------|--|------|-------------------------------------|------------------|---|--|
| 09/20/22 | | LA Daily News | | | | IWF-22- 040 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Carter | | N3754 | | MJS/CSD | | <div style="background-color: black; width: 100px; height: 20px;"></div> | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input checked="" type="checkbox"/> | OTHER (explain): | HOLLYWOOD JAIL | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Yearly subscription to the Los Angeles Daily News for Hollywood Jail. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | | | |
| Estimated Cost: | | Actual Cost: | | City Approved Vendor: | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| \$1,714.61 | | \$1,714.61 | | | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | Los Angeles Daily News | Customer Service | | (818) 713-3131 | | \$1,714.61 714.84 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | Los Angeles Daily News | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: | | | | Serial No.: | | Date: | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: | | | | 27583 | | 9-21-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: | | | | 26288 | | 10-5-22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: | | | | 3511 | | 10-20-22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$40,000: | | | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$50,000: | | <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB: | | Signature: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | Date: | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
|--|---------------------------------|--------------------------------|------------|-------------------------------------|------------------|---|------------|
| 10/19/22 | | ASSI Service Call Pacific Jail | | | | 2022-046 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input checked="" type="checkbox"/> | AREAS | [REDACTED] | 31991 |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input checked="" type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | Pacific Jail | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | | | |
| ASSI Service Call for Pacific Jail from 3/15/2021, parts and labor for Hector Esquivel, Invoice #SD15752, Work Order #44458, copy attached. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| This is an uppaid invoice from an ASSI Service Call (pre contract) for the Pacific Jail camera system. Unknown problem requiring ASSI to respond to the Jail and replace a Verint camera on 3/15/2021. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$1,235.00 | | Actual Cost: | | \$1,235.00 | |
| | | | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | ASSI | Hector Esquivel | | [REDACTED] | | \$1,235.00 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: | | ASSI | | Reason Selected: | | <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, Fund Chair: | | [REDACTED] | | Serial No.: | | Date: |
| | [Signature] | | | | 26288 | | 10/21/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | Sgt. B. Coss | | | | 37027 | | 10/31/2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | Sgt. B. Valle | | | | 35110 | | 10/20/22 |
| Required if Over \$40,000 | | Commanding Officer, SSG: | | [REDACTED] | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | Date: |
| Required if Over \$50,000 | | Commanding Officer, ASB: | | Signature: | | Serial No.: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | Date: |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|--|--------------------------------|------------|--|-------------------|---|----------------|
| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
| 10/19/22 | | ASSI Service Call Pacific Jail | | | | IWF 22 - 047 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input checked="" type="checkbox"/> | AREAS | [REDACTED] | 31991 |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input checked="" type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | Pacific Jail | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | | | |
| ASSI Service Call for Pacific Jail from 8/13/2021, labor only for Hector Esquivel, Invoice #SD16748, Work Order #46575, copy attached. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates) | | | | | | | |
| This is an uppaid invoice from an ASSI Service Call (pre contract) for the Pacific Jail camera system. Unknown problem requiring ASSI to respond to the Jail on 8/13/2021. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$535.00 | | Actual Cost: | | \$535.00 | |
| | | | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | ASSI | Hector Esquivel | | [REDACTED] | | \$535.00 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: ASSI | | | | Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: 26288 | | Date: 10/21/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt. B. Cross | | [REDACTED] | | Serial No.: 37023 | | Date: 11/1/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: Sgt U B. Valle | | [REDACTED] | | Serial No.: 35110 | | Date: 10/20/22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$40,000 Commanding Officer, SSG: | | [REDACTED] | | Serial No.: | | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required If Over \$50,000 Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: |

RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH NOVEMBER | YEAR 2022 |
|--|---|-------------------------------------|---|-------------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 11/1/22 | BANK BALANCE WELLS FARGO BANK [REDACTED] | | \$2,227,679.32 | | |
| | <u>DEPOSITS IN TRANSIT</u> | \$ | | | |
| | <u>OUTSTANDING CHECKS</u> | \$23,773.43 | | | |
| | TOTAL | | \$2,203,905.89 | | |
| RECEIPTS THIS MONTH | | | | | |
| 11/08/22 | INTEREST EARNED | \$815.11 | | | |
| | TOTAL | | \$815.11 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,204,721.00 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 11/22/22 | Check #2103 DIRECTV IWF 22-048 | \$328.24 | | | |
| 11/22/22 | Check #2104 DAILY NEWS IWF 22-049 | \$4,200.00 | | | |
| 11/22/22 | Check #2105 DAILY NEWS IWF 22-050 | \$2,100.00 | | | |
| | TOTAL | | \$ 6,628.24 | | |
| | | | \$2,198,092.76 | | |
| ENDING BALANCE | | | | | |
| 11/30/22 | BANK BALANCE | | \$ 2,226,009.57 | | |
| | <u>DEPOSITS IN TRANSIT</u> | \$0 | | | |
| | <u>OUTSTANDING CHECKS</u> | \$27,916.81 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$2,198,092.76 | | |
| DIVISION COMMANDER [REDACTED] ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | DATE 12/15/22 | AUDIT COMMITTEE JEFF WONG N2799 [REDACTED] JEFF [REDACTED] 22 | | PREPARED BY DO M.CARTER N3754 [REDACTED] TELEPHONE EXTENSION [REDACTED] |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|--|---|------|-------------------------------------|--|---|--|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 11/15/2022 | | DirecTV | | | | IWF- 22-048 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | [REDACTED] | | 32745 | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | ALL Admin Section Review Signature: | | [REDACTED] | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | OTHER (explain): | | [REDACTED] | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV Invoice # 018835073X221102, monthly payment for TV service. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | \$328.24 | | Actual Cost: | | \$328.24 | |
| City Approved Vendor: | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DirecTV | Customer Service | | 888-388-4249 | | \$328.24 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | | Serial No.: | | Date: | |
| | CAPTAIN [REDACTED] | | | 26288 | | 11/17/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Serial No.: | | Date: | |
| | SGT. "B. Coss | | | 37023 | | 11/22/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Serial No.: | | Date: | |
| | SGT. "B. Valle | | | 35110 | | 11/16/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required if Over \$40,000 Commanding Officer, SSG: | | | Serial No.: | | Date: | |
| | | | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required if Over \$50,000 Commanding Officer, ASB: | | | Signature: | | Serial No.: | |
| | | | | | | | |





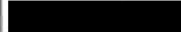
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED | | | | CONTROL NUMBER | | |
|---|----------------------------------|-------------------------------------|--------------|---------------------------------|------------------|---|------------|--|
| 11/22/22 | | NEWSPAPER | | | | IWF-22-049 | | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | | |
| D.O. Carter | | N3754 | | MJS/CSD | | 213-356-3460 | | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | | Serial No. | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | | | |
| <input type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | | |
| Yearly subscription to Los Angeles Daily News. . | | | | | | | | |
| Justification for expenditure (How will the expenditure benefit inmates): | | | | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | | | | |
| Estimated Cost: | | \$4,200.00 | Actual Cost: | | \$4,200.00 | City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | | |
| Company Name | | Contact | | Phone | | Estimate | | |
| 1 | Daily News | Mike Jones | | [REDACTED] | | \$4,200.00 | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Vendor Selected: | | Los Angeles Daily News | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: | | Date: | |
| | CAPTAIN ORLANDO CHANDLER | | | | 26278 | | 11/22/2022 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: | |
| | SGT B. COSS | | | | 37025 | | 11/23/22 | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: | |
| | SGT U B. Valle | | | | 35110 | | 11/22/22 | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSC: | | | | Serial No.: | | Date: | |
| | | | | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: | |
| | | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | | | |
|---|----------------------------------|--------------------------|----------------------|-------------------------------------|------------------|---|-------|-------|--|
| 11/22/22 | | NEWSPAPER | | | | IWF-22-050 | | | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | | | |
| D.O. Carter | | N3754 | | MJS/CSD | | [REDACTED] | | | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | | | |
| <input checked="" type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | | | | |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input checked="" type="checkbox"/> | OTHER (explain): | HARBOR JAIL | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | | | |
| Yearly subscription to Los Angeles Daily News. . | | | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | | | |
| To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988). | | | | | | | | | |
| | | | | | | | | | |
| Estimated Cost: | | \$2,100.00 | | Actual Cost: | | \$2,100.00 | | | |
| City Approved Vendor: | | <input type="checkbox"/> | | Yes | | <input checked="" type="checkbox"/> No | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | | | |
| 1 | Daily News | Mike Jones | | [REDACTED] | | \$2,100.00 | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Vendor Selected: | | Los Angeles Daily News | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED SIGNATURE] | | Serial No.: | | Date: | | |
| CAPTAIN ORLANDO CHANDLER | | 26288 | | | 11/22/22 | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: | | |
| SGT. COSS BELL | | 37025 | | | 11/22/22 | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | | Serial No.: | | Date: | | |
| Sgt II B. Valle | | | | 35110 | | 11/22/22 | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | Signature: | | Serial No.: | | Date: | | |
| Required if Over \$10,000 | | Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | | | | | | | | |

RECEIPTS and DISBURSEMENTS REPORT

| DIVISION CSD | | TYPE OF FUND INMATE WELFARE FUND | | MONTH DECEMBER | YEAR 2022 |
|--|--|-------------------------------------|--|-------------------|---|
| DATE | ITEM AND EXPLANATION | AMOUNT | TOTAL | | |
| BEGINNING BALANCE | | | | | |
| 12/1/22 | BANK BALANCE WELLS FARGO BANK  | | \$ 2,226,009.57 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$27,916.81 | | | |
| | TOTAL | | \$2,198,092.76 | | |
| RECEIPTS THIS MONTH | | | | | |
| 12/08/22 | INTEREST EARNED | \$942.47 | | | |
| 12/02/22 | STOP PAYMENT CHECK IWF 22-043 / OCTOBER 2022 CHK#2098 | \$7,256.67 | | | |
| | TOTAL | | \$8,199.14 | | |
| | BEGINNING BALANCE PLUS RECEIPTS | | \$2,206,291.90 | | |
| DISBURSEMENTS THIS MONTH | | | | | |
| 12/2/22 | Check #2106 SECURITY DETECTION IWF 22-051 | \$4,574.52 | | | |
| 12/14/22 | Check #2108 GUARDIAN RFID IWF 22-053 | \$100.00 | | | |
| 12/14/22 | Check #2109 DIRECTV IWF 22-052 | \$656.48 | | | |
| | TOTAL | | \$ 5,331.00 | | |
| | | | \$2,200,960.90 | | |
| ENDING BALANCE | | | | | |
| 12/31/22 | BANK BALANCE | | \$2,205,635.42 | | |
| | DEPOSITS IN TRANSIT | \$0 | | | |
| | OUTSTANDING CHECKS | \$4,674.52 | | | |
| | (PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE) | | | | |
| | TOTAL | | \$2,200,960.90 | | |
| DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division | | DATE 1/12/23 | AUDIT COMMITTEE JEFF WONG N2799  JERRY LEE N4522 | | PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION  |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| DATE SUBMITTED | | ITEM(S) REQUESTED: | | | | CONTROL NUMBER | |
|---|----------------------------------|-------------------------------------|--------------------------|---------------------------------|------------------|--|------------|
| 11/28/22 | | Walk Through Metal Detector | | | | TOP 22 - 051 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input type="checkbox"/> | AREAS | [REDACTED] | 31921 |
| <input checked="" type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| Walk Through Metal Detector, [REDACTED] 2 year warranty, and motor freight. Estimate No.1579, \$4195.00 | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| <p>This walk though metal detector will replace the failing metal detector located at 77th Regional Jail originally purchased in 2005. Security Detection is a local company (Upland, CA.) and has been our service provider in the past for metal detectors [REDACTED]</p> <p>A funtional walk through metal detector will help ensure contraband is detected if brought into the jail and provide an increased level of safety for our inmates and staff.</p> | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: \$4,574.52 | | Actual Cost: \$4,574.52 | | City Approved Vendor: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | Security Detection | Randy Smith | | [REDACTED] | | \$4,574.52 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: | | Security Detection | | Reason Selected: | | <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: | | Date: |
| | CAPTAIN III Orlando Ch... | | | | 26288 | | 11-28-2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | CAPT II Anthony A. STEPO | | | | 33176 | | 11-28-2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | SGT II B. VAILLE | | | | 35110 | | 11/28/22 |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required if Over \$40,000 | | Commanding Officer, SSG: | | Serial No.: | | Date: |
| | | | | | | | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Required if Over \$50,000 | | Commanding Officer, ASB: | | Serial No.: | | Date: |
| | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|---|----------------------------------|-------------------------------------|------------|-------------------------------------|------------------|---|------------|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 12/8/22 | | Guardian RFID Back Plates | | | | IWF-22-053 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| Allen Hayden | | N4461 | | 77th RJS | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | Serial No. | |
| <input type="checkbox"/> | REOCCURRING | <input type="checkbox"/> | MJS | <input checked="" type="checkbox"/> | AREAS | [REDACTED] | 31921 |
| <input type="checkbox"/> | NEW | <input checked="" type="checkbox"/> | 77TH | <input type="checkbox"/> | ALL | Admin Section Review Signature: | |
| <input checked="" type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | <input type="checkbox"/> | OTHER (explain): | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc): | | | | | | | |
| Guardian RFID Spartan Back Plate Covers (battery covers) fits Gen 1 and Gen 2. Free shipping, no tax. Quote number: 00006585 | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| This IWF covers (4) replacement back plates (battery covers) for the Guardian RFID Spartan hand held devices we use to document/record 30 minute Title 15 inmate checks. Back plates are not included in the Guardian service contract. 77th RJS has one Spartan hand held device currently missing a back plate (lost), another that has a broken tab, and 2 to be held as spare for future needs. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| There are no City or Department funds allocated for this expense. | | | | | | | |
| Estimated Cost: | | \$100.00 | | Actual Cost: | | \$100.00 | |
| | | | | City Approved Vendor: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | Guardian RFID | Misty Anderson | | [REDACTED] | | \$100.00 | |
| 2 | | | | - | | | |
| 3 | | | | - | | | |
| Vendor Selected: | | Guardian RFID | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | [REDACTED] | | Serial No.: | | Date: |
| | CAPTAIN [Signature] | | | | 26288 | | 12/13/22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | [REDACTED] | | Serial No.: | | Date: |
| | CAPTAIN [Signature] | | | | 33176 | | 12-14-2022 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Name: | | [REDACTED] | | Serial No.: | | Date: |
| | Sgt. [Signature] | | | | 35110 | | 12/13/22 |
| <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | | | Serial No.: | | Date: |
| | | | | | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | Signature: | | Serial No.: | | Date: |
| | | | | | | | |

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

| | | | | | | | |
|--|----------------------------------|---|------|---------------------------------|--|---|------------|
| DATE SUBMITTED | | ITEM(s) REQUESTED: | | | | CONTROL NUMBER | |
| 12/07/2022 | | DirecTV | | | | IWF- 22-057 | |
| Submitted by: | | Serial No. | | Assignment: | | Phone: | |
| D.O. Camarena | | N4206 | | MJS/CSD | | [REDACTED] | |
| Type of Expenditure: | | Facility | | Section OIC Approval Signature: | | | Serial No. |
| <input checked="" type="checkbox"/> | REOCCURRING | <input checked="" type="checkbox"/> | MJS | [REDACTED] | | | 023 |
| <input type="checkbox"/> | NEW | <input type="checkbox"/> | 77TH | Admin Section Review Signature: | | | |
| <input type="checkbox"/> | OTHER (explain below) | <input type="checkbox"/> | VJS | OTHER (explain): | | | |
| Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): | | | | | | | |
| DirecTV Invoice # 018835073X221202, monthly payment for TV service. | | | | | | | |
| Justification for expenditure (how will the expenditure benefit inmates): | | | | | | | |
| TV service for arrestees in housing units per Title 15. | | | | | | | |
| Reason City resources were not used for expenditure: | | | | | | | |
| Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates. | | | | | | | |
| Estimated Cost: | | \$656.48 | | Actual Cost: | | \$656.48 | |
| City Approved Vendor: | | <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000) | | | | | | | |
| Company Name | | Contact | | Phone: | | Estimate: | |
| 1 | DirecTV | Customer Service | | 888-388-4249 | | \$656.48 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| Vendor Selected: | | DirecTV | | Reason Selected: | | <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer / Fund Chair: | | | Signature: | | Serial No.: | Date: |
| | [Signature] | | | [REDACTED] | | 26258 | 12-16-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Signature: | | Serial No.: | Date: |
| | [Signature] | | | [REDACTED] | | 35176 | 12-15-22 |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | Member Name: | | | Signature: | | Serial No.: | Date: |
| | Sgt II B. Valle | | | [REDACTED] | | 35110 | 12/15/22 |
| <input checked="" type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, SSG: | | | Signature: | | Serial No.: | Date: |
| | | | | [REDACTED] | | | |
| <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Commanding Officer, ASB: | | | Signature: | | Serial No.: | Date: |
| | | | | [REDACTED] | | | |